

List of issues for comment

	Issue	Section reference
1	Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act?	3.1
	Comment: No	
2	Are there matters that are currently dealt with by other legislation that should be included in the new Act?	3.2
	Comment: I do not believe that butchers are effectively being supervised by the current VMA, due to a lack of adequate staff on the ground.	
3	Should the new Act recognise the importance of promoting public health, and, if so, how should the new Act aim to achieve this?	3.2
	Comment: Yes, it should be encouraged through MPHP's.	
4	Should the new Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities and, if so, how should the Act aim to achieve this?	3.2
	Comment: This may be better addressed through Federal Legislation.	
5	What objects provisions would represent the public health objectives, values and outcomes that the new Act should be aiming to achieve?	3.3
	Comment: I agree with those stated at the top of page 12.	
6	Should the new Act contain a provision specifying guiding principles, and, if so, what principles should be included?	3.4
	Comment: Yes, 3.41, 3.42, 3.43, 3.44, and 3.47. No to 3.45 overriding peoples rights is necessary at times and is unlikely to occur unless it is found to be necessary, past history should demonstrate this. No to 3.46 polluters should not pollute in the best long term interests of our society. The principle of paying more to pollute more is absurd and will be rejected by the community in years to come, so why support them now?	
7	Should the new Act include a statement that the function of the Secretary is to implement policies and programs to achieve the objects of the Act?	4.1

	Issue	Section reference
	Comment: Yes.	
8	Should the new Act include a power for the Secretary to conduct inquiries into matters of public health concern and, if so, who should have the power to direct that an inquiry be conducted?	4.1
	Comment: Yes, by the secretary and at his/her discretion after a demonstrated risk is justified.	
9	Should the new Act retain the functions for municipal councils as set out in the current Act?	4.2
	Comment: Yes.	
10	Should the new Act recognise municipal councils' role in: <ul style="list-style-type: none"> ➤ Planning, advocating and providing organised public health programs? ➤ Developing and implementing strategies to promote and improve public health and promote community health and wellbeing? 	4.2
	Comment: Yes.	
11	Should the concept of partnership between state and local government, and between government and non-government, be addressed in the new Act?	4.3
	Comment: Yes.	
12	Should the new Act place greater emphasis on implementing the MPHP and achieving its outcomes, rather than just developing a document, and if so, how could this be achieved?	4.4
	Comment: Yes, but within budgetary restraint and staff capabilities. It is better achieved also with increased interagency support and co operation.	
13	Should the new Act require that municipal councils set out how they intend to fulfil their statutory functions in their MPHPs?	4.4
	Comment: Yes.	
14	Should the new Act retain the requirement to prepare MPHPs at set intervals and to review MPHPs annually in consultation with the	4.4

	Issue	Section reference
	Department of Human Services?	
	Comment: Yes.	
15	What should be the local government reporting requirements, if any, under the new Act? For example, should the new Act retain the requirement to report annually, and at other times as directed by the Secretary? Should there be a requirement to submit MPHPs at set intervals? If so, what would be the expected value of such reporting requirements?	4.4
	Comment: We should report to the Secretary as directed.	
16	Should the new Act link the requirement to prepare a MPHP to other planning processes within local government, such as the Council Plan? For example, should the requirement be to prepare MPHPs every four years?	4.4
	Comment: Yes.	
17	Should the new Act remove the requirement that every council appoint a MOH, and instead rely on non-legislative mechanisms for ensuring municipal councils have access to medical expertise?	4.5
	Comment: No. They are still useful at times.	
18	Should an EHO who is appointed by a council automatically be an authorised officer for the purposes of the Act?	4.6
	Comment: Yes.	
19	Should the new Act require specific qualifications and/or experience for appointment as an EHO?	4.6
	Comment: Yes.	
20	Should the new Act require that authorised officers have qualifications and/or experience prescribed by the Secretary?	4.7
	Comment: Yes.	
21	Alternatively, should the Act provide that councils may only authorise persons appropriately competent?	4.7
	Comment: No.	

	Issue	Section reference
22	Are the current powers of the Secretary under the Health Act with respect to the collection of health information adequate to ensure access to comprehensive and reliable data necessary to monitor and assist in the protection of public health?	5.1
Comment: They may be deficient, I'm not 100% sure.		
23	Should the new Act make more explicit the forms which such collection of comprehensive data may take? For example, should the new Act provide for the Secretary to establish registers, databases and other collections of public health information and to state some of the uses of that information?	5.1
Comment: Not really sure but possibly not.		
24	Should the provisions regarding consultative councils be consolidated in the new Act to provide: <ul style="list-style-type: none"> ➤ General provisions regarding establishment and functions of all consultative councils? ➤ Standard provisions regarding the establishment of sub-committees? ➤ A power to make recommendations in relation to investigations or inquiries? ➤ An obligation to produce an annual report? 	5.3
Comment: Yes.		
25	What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?	5.3
Comment: Access to medical, personal and confidential information.		
26	Should the new Act contain more specific provisions requiring: <ul style="list-style-type: none"> ➤ Reporting to consultative councils on specified incidents? ➤ Regular provision of specified information relevant to the statutory functions of consultative councils? ➤ Preparation, by medical practitioners, of a 	5.3

	Issue	Section reference
	report for the Council in relation to a matter that it is investigating?	
	Comment: Yes, Yes and Yes.	
27	Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation?	6.2
	Comment: Yes.	
28	Alternatively, should a separate requirement for HIA be introduced in the new Act and, if so, in what circumstances should HIA be conducted and what should be the threshold for triggering it?	6.2
	Comment: Not sure.	
29	Should the new Act support and enhance the practice of risk management?	7.1
	Comment: Yes.	
30	Should the new Act include a general statutory duty of care?	7.2
	Comment: Yes.	
31	If so, what should be the scope of the duty?	7.2
	Comment: It should be narrow.	
32	If adopted, should the duty be positive or only negative?	7.2
	Comment: Both, if possible.	
33	What should follow from being in breach of the duty: criminal and/or civil liability or should the consequences of breach be limited to administrative powers?	7.2
	Comment: It could be either.	
34	Should failure to comply with the duty be the basis on which costs are recovered?	7.2
	Comment: Yes.	
35	Should compliance with the duty provide a defence against some offences under the Act?	7.2
	Comment: Yes.	
36	How might the duty of care work in practice?	7.2

	Issue	Section reference
	Comment: With some difficulty but not impossible.	
37	Should a general statutory duty of care, if adopted, replace the separate nuisance provisions and, if so, should municipal councils still retain responsibility for dealing with public health risks similar to nuisances in their municipalities?	7.3
	Comment: No to the first part, and Yes to the second part.	
38	If separate nuisance provisions are retained, should nuisance be defined so as to focus on public health risks and, if so, does removing the term 'annoying' from the definition of 'offensive' achieve this?	7.3
	Comment: Yes, and their removal would help.	
39	If the obligation on municipal councils to abate nuisance in their municipality is retained, should the abatement provisions be removed and municipal councils instead rely on general enforcement provisions under the new Act?	7.3
	Comment: No.	
40	Should best practice standards continue to have a role in the regulation of public health risks?	7.4
	Comment: Yes.	
41	Should RMPs have a role in the regulation of public health risks under the new Act?	7.5
	Comment: Yes.	
42	Who should be required to prepare RMPs: <ul style="list-style-type: none"> ➤ persons undertaking a registrable or licensable activity by way of a condition of registration/licence? ➤ persons required to do so by an improvement notice? 	7.5
	Comment: Yes to both of these.	
43	What criteria should be used in deciding which activities should be subject to the requirement of registration or licensing?	7.6
	Comment: Training, experience, health risk, and a member of a professional body or not.	

	Issue	Section reference
44	What regulatory parameters for registration/licensing would provide a more up-to-date, flexible, graduated and responsive approach to the level of public health risk?	7.6
Comment: RMP's for all health related industries.		
45	Are there any other public health risk activities that should be regulated under the new Act through the system of registration or licensing and, if so, what specific requirements should be imposed on those activities?	7.6
Comment: Any bodily treatment that penetrates the skin or an opening apart from a medical practitioner.		
46	Should there be a positive obligation on persons conducting activities subject to registration/licensing to notify authorities in event of certain types of incidents occurring?	7.6
Comment: Yes.		
47	Should there be an obligation placed on proprietors of non-registered premises (for example, swimming pools and brothels) to notify authorities where there has been an incident that might present a risk to public health?	7.6
Comment: Yes.		
48	Should all enforcement powers be brought together in one part of the Act?	7.7
Comment: Probably.		
49	Should the enforcement provisions of the Health (Infectious Diseases) Regulations 2001 be broadened to cover other public health threats not involving infectious diseases?	7.7
Comment: Yes.		
50	Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties?	7.7
Comment: Yes.		
51	In addition to the power to take samples and make	7.7

	Issue	Section reference
	copies of seized documents, are there any other additional powers that should be included in the new Act?	
	Comment: No.	
52	Should the power to search for and seize goods without a warrant be widened to allow the Secretary to search for and seize things other than goods, such as records, biological agents or other items?	7.7
	Comment: Yes.	
53	Should the new Act contain a procedure for the issuing of improvement and prohibition notices by authorised officers?	7.7
	Comment: Maybe, I'm not fully convinced though.	
54	Should notices cover: <ul style="list-style-type: none"> ➤ nuisance? ➤ licensable or registrable public health risk activities? ➤ where the activity may otherwise contravene the Act? 	7.7
	Comment: Yes, Yes and Yes.	
55	Should the new Act establish general criteria for issuing notices?	7.7
	Comment: Yes, but could be specific.	
56	Should the new Act set out an inclusive list of the types of work a person subject to an improvement notice could be required to perform?	7.7
	Comment: No.	
57	What method of review should apply to improvement and prohibition notices?	7.7
	Comment: Judicial.	
58	Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases?	7.8

	Issue	Section reference
	Comment: General to allow for flexibility.	
59	Should the proclamation of an emergency be extended to four weeks, with renewal periods not exceeding two weeks, to a maximum of six months?	7.8
	Comment: Yes.	
60	Should there be a fast-track mechanism for notifying a disease associated with a public health emergency?	7.8
	Comment: Yes.	
61	Should the Secretary be given powers in a public health emergency to compel examination, testing, vaccination, treatment (including preventative treatment), isolation and quarantine?	7.8
	Comment: Yes.	
62	Should the Secretary be given a 'catch all' power in a public health emergency such as 'any other order deemed necessary'?	7.8
	Comment: Yes.	
63	Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from confidentiality?	7.8
	Comment: Yes.	
64	Should the Secretary's power to act when local government is in default be limited in any way?	7.8
	Comment: No.	
65	Should the new Act include a provision for cost recovery where a person: <ul style="list-style-type: none"> ➤ has been convicted of an offence? ➤ has contravened the Act, but there has been no conviction? ➤ has caused a risk to public health? 	7.9
	Comment: Yes, Yes and Yes.	

	Issue	Section reference
66	Should the new Act include a new offence of 'risk to health'?	7.10
	Comment: Yes.	
67	If so, what should amount to a 'risk to health'?	7.10
	Comment: Something that causes pain, injury or suffering.	
68	If adopted, what should be the defences, if any, to the offence of 'risk to health'?	7.10
	Comment: What a reasonable person ought to be able to ascertain.	
69	What should be the scope of the offence?	7.10
	Comment: Well defined.	
70	Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease?	7.10
	Comment: Not sure.	
71	Should the offence for knowingly or recklessly infecting another person with an infectious disease not be re-enacted due to the existence of the knowing and reckless offences in the <i>Crimes Act 1958</i> (that is, sections 22 and 23)?	7.10
	Comment: Probably not but who decides the Crimes Act prosecutions.	
72	Should the new Act introduce PERIN for suitable offences?	7.11
	Comment: No.	
73	Should public health offences attract similar penalties to those attracted by offences under environment protection legislation?	7.12
	Comment: Yes.	
74	Should the new Act allow for greater penalties where the offender is a body corporate?	7.12
	Comment: Yes.	
75	Should the new Act include a statutory defence of due diligence?	7.13

	Issue	Section reference
	Comment: Yes.	
76	What method of review should apply to administrative decisions made under the Act?	7.15
	Comment: Not sure.	
77	Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration?	8.1
	Comment: No.	
78	Should the brothels provisions be transferred to the Prostitution Control Regulations 1995, and Department of Human Services officers exercise their inspectorial powers in relation to infection control issues under the <i>Prostitution Control Act 1994</i> ?	8.1
	Comment: Probably.	
79	Do the current provisions appropriately address the public health risk associated with prescribed accommodation (for example, hotels, motels, hostels and holiday camps)?	8.2
	Comment: Yes.	
80	Should an additional guiding principle for provisions in relation to the management and control of infectious diseases be that, wherever practicable, the least coercive power should be used first?	8.3
	Comment: Should be there now anyhow.	
81	Should the new Act clearly set out the action that may be taken when contact tracing is authorised and the protections provided to individuals that may be required to provide personal information under these provisions?	8.3
	Comment: Yes.	
82	Should the Secretary to the Department of Human Services have the power to authorise an autopsy where they believe there is a risk to public health and the Coroner does not have jurisdiction over the body?	8.3

	Issue	Section reference
	Comment: Yes.	
83	Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused?	8.4
	Comment:	
84	Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing?	8.4
	Comment: Yes	
85	Should the provisions in the new Act be extended to beyond the care giver or custodian situation and, if so, to what situations?	8.4
	Comment: Yes but not sure of the scope.	
86	Should public health orders under the new Act apply to any infectious disease or condition where there is a serious risk to public health?	8.5
	Comment: Yes.	
87	Should the new Act provide a power for involuntary testing with reasonable use of force? If so, should it be exercised by 'an authorised officer', a delegate of the Secretary and/or the police?	8.5
	Comment: Yes, by a DHS delegate.	
88	Should the Act contain a list of the types of restrictions that may be imposed by an order of the Secretary?	8.5
	Comment: Yes.	
89	Should the new Act introduce a power to order that a person undergo treatment where treatment is refused? If so, what limits should be placed on the use of the power?	8.5
	Comment: Yes, but only where a public health risk is likely.	
90	Should there be time limits imposed on orders and, if so, what time limits should apply?	8.5
	Comment: No.	
91	Should any or all public health orders require court/tribunal confirmation?	8.5

	Issue	Section reference
	Comment: No.	
92	Should there be a power for the police to apprehend a person who fails to comply with a public health order, rather than merely the ability to provide 'assistance' to the medical officer? If so, should there be a requirement to obtain a warrant to apprehend the person?	8.5
	Comment: Yes and Yes.	
93	Should the new Act continue to provide that it is an offence for a person to fail to comply with an order?	8.5
	Comment: Yes.	
94	What appeal and external review processes should be made available under the new Act?	8.5
	Comment: Through the courts.	
95	Should the new Act provide for introducing new notification requirements by an Order of the Governor in Council where it is necessary to respond quickly to new and emerging diseases?	8.6
	Comment: Yes.	
96	Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met?	8.6
	Comment: Yes.	
97	Should the term 'notifiable disease' be replaced with the term 'notifiable condition'?	8.6
	Comment: Yes.	
98	Would alternative non-regulatory mechanisms (for example, best practice guidelines) be effective in ensuring pre-and post-test information and counselling for infectious diseases (other than HIV) is provided by appropriately qualified health care professionals?	8.7
	Comment: No.	
99	Should the new Act rely on the privacy framework for all health records, rather than include specific privacy provisions?	8.7

	Issue	Section reference
	Comment: No.	
100	Should the new Act retain the provision specifying that the court may be closed when evidence is presented concerning any matter related to HIV?	8.7
	Comment: Yes.	
101	Should the new Act provide for a court to be closed when evidence is presented concerning other diseases?	8.7
	Comment: Yes if thought necessary	
102	Should the Act include a regulation-making power to ensure participation in current quality assurance programs and supply of data for epidemiological analyses by HIV testing laboratories?	8.7
	Comment: Yes.	
103	Should the new Act state the role of municipal councils in relation to immunisation as 'co-ordinating and providing immunisation services to children living or being educated within the municipal district'?	8.8
	Comment: Yes.	
104	Should provisions regarding recording the immunisation status of children at children's services be retained in the Children's Services Regulations 1998 (rather than included in the new Act)?	8.8
	Comment: Yes.	
105	Should the new Act require school principals of primary schools to make reasonable efforts to seek an ISC in respect of every child enrolled in the school, and an immunisation update on re-enrolment?	8.8
	Comment: Yes.	
106	Should the new Act introduce an obligation on parents to supply evidence of immunisation on enrolment of their child into secondary school and an obligation on school principals to make reasonable efforts to seek immunisation records in respect of every child enrolled in the school?	8.8

	Issue	Section reference
Comment: Yes.		
107	Should the new Act introduce an obligation on tertiary students to supply evidence of immunisation on enrolment and an obligation on tertiary facilities to make reasonable efforts to seek immunisation records in respect of every student enrolled in the facility? If so, for which diseases should immunisation records be required?	8.8
Comment: No.		
108	Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?	8.8
Comment: No.		
109	Should the new Act introduce a penalty for failure on behalf of a parent or guardian to produce immunisation records on secondary school entry?	8.8
Comment: No.		
110	Should the new Act require the principal teacher or person in charge of the school to take reasonable steps to ensure that immunisation records are maintained, and to allow inter-school transfer of ISCs?	8.8
Comment: Yes.		
111	Should the new Act facilitate consistency with the NHMRC schedule for immunisation?	8.8
Comment: Yes.		
112	Should school principals and persons in charge of children's services be required to seek advice from the Department of Human Services before excluding children during an actual or suspected outbreak of an infectious disease?	8.9
Comment: Either DHS or Local Government.		
113	Should there be a power in the new Act for the Secretary to waive or alter the prescribed periods in individual cases?	8.9
Comment: Yes.		
114	Should the requirement for a parent to inform the	8.9

	Issue	Section reference
	principal or a person in charge of a school or children’s services centre be limited to where their child has a vaccine preventable or excludable disease?	
	Comment: No.	
115	Should the new Act facilitate consistency with the NHMRC <i>Guidelines on the Recommended Minimum Periods of Exclusion from School, Preschool and Child Care Centres of Infectious Disease Cases and Contacts</i> ?	8.9
	Comment: Yes.	
116	Should provisions dealing with offensive waterways not be included in the new Act?	9.1
	Comment: No they should remain as the EPA are reluctant to act at times.	
117	Should public health risks related to rats, mice, vermin, pests or other animals suspected of having a disease capable of transmission to humans be dealt with by the issue of an improvement notice?	9.1
	Comment: Most likely.	
118	Should Parts 5A and 5B of the <i>Building Act 1993</i> be transferred to the new public health Act?	
	Comment: Sounds reasonable, but who is going to do the work? EHO's are snowed under already.	
119	Are there other amendments that should be made to provisions currently in Parts 5A and 5B of the Building Act that would improve the effectiveness of the legislative scheme?	
	Comment: Not sure.	
120	Should the new Act re-enact provisions relating to meat supervision?	9.3
	Comment: Yes.	
121	Should the offence under the <i>Food Act 1984</i> in relation to the sale of ‘unsafe food’ be broadened to include food that cannot be sold for human consumption under section 34(1) of the <i>Meat Industry Act 1993</i> ?	9.3

	Issue	Section reference
	Comment: Yes.	
122	Who should be required to hold a licence to use pesticides under the new Act?	9.4
	Comment: Registered Pest Control Operators.	
123	Does the new Act need to deal with the use of pesticides not associated with a commercial enterprise? If so, what non-commercial activities should be regulated and how should these be regulated?	9.4
	Comment: No.	
124	Are there any areas of overlap or duplication between the regulation of the use of pesticides under the Health Act and the <i>Agricultural and Veterinary Chemicals (Control of Use) Act 1992</i> ?	9.4
	Comment: Not sure.	